



***MAKING CARE PRIMARY MODEL APPLICATION
REFERENCE TRAINING MANUAL
Version 1.0***

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1. Introduction

This document provides a step-by-step guide to help readers register for access to the Making Care Primary model (MCP) application portal and apply to MCP model, which begins on July 1, 2024. MCP is a 10.5-year multi-payer model with three participation tracks that builds upon legacy primary care models. The MCP model strengthens coordination between patients' primary care clinicians, specialists, social service providers, and behavioral health clinicians. These enhancements ultimately lead to chronic disease prevention, fewer emergency room visits, and better health outcomes. Refer to the Request for Applications (RFA) for additional information about MCP.

2. Overview

The reference training manual provides a step-by-step guide to help readers apply to the Center for Medicaid and Medicare Innovation's (CMMI) Making Primary Care (MCP) model beginning July 1, 2024.

- New User Registration
- Application Overview
- Submission of Application

2.1 Application Access Time-Out

There is no auto-save function. Save your updates before navigating away from the browser window. The system will time out after thirty minutes of inactivity.

3. Registration

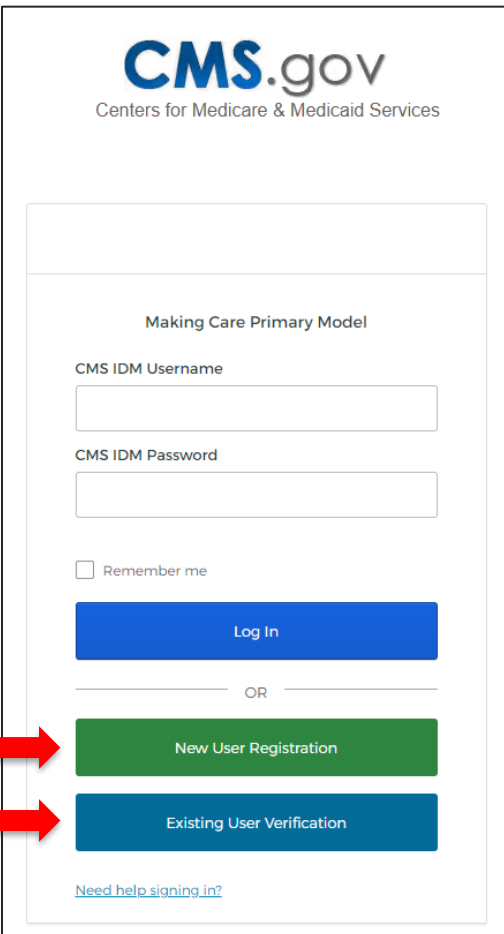
Before you can apply for MCP, you are required to register for access to the MCP Application portal. Enter the following address into your web browser: <https://app.innovation.cms.gov/MCP>. You will see the MCP Application portal login page.

3.1 New Registration

Select the **“New User Registration”** button if this is your first-time requesting access to a CMMI application. (See Figure 1).

Select the **“Existing User Registration”** button if you have previously requested access and received an ID. The system navigates to the Existing CMS Identity Management (IDM) Account Verification page.

Figure 1 - New User Registration



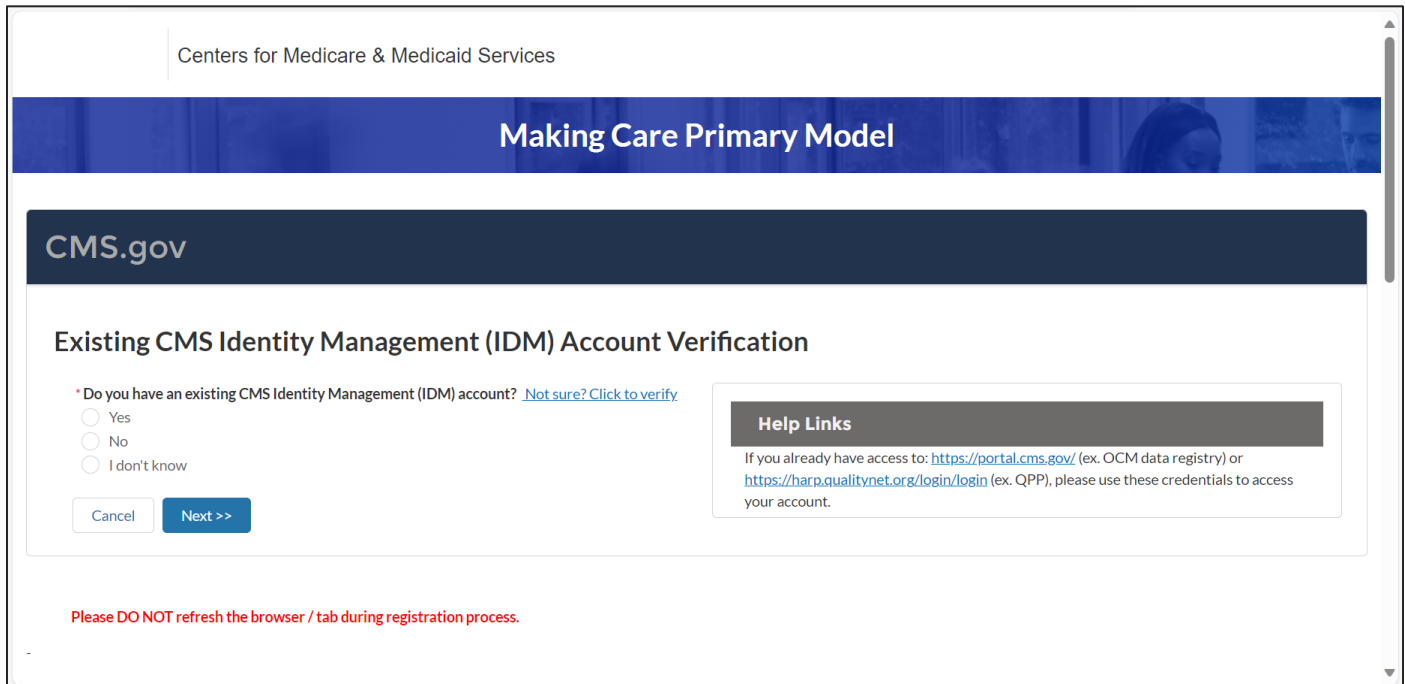
The screenshot displays the CMS.gov login interface for the Making Care Primary Model. At the top, the CMS.gov logo and the text 'Centers for Medicare & Medicaid Services' are visible. Below this, the title 'Making Care Primary Model' is centered. The login section includes two input fields: 'CMS IDM Username' and 'CMS IDM Password'. A checkbox labeled 'Remember me' is positioned below the password field. A blue 'Log In' button is located below the checkbox. A horizontal line with the word 'OR' in the center separates the login section from the registration options. Below the line are two buttons: a green 'New User Registration' button and a blue 'Existing User Verification' button. Two red arrows point to these buttons from the left. At the bottom of the login section, there is a link that says 'Need help signing in?'.

- Question: **Do you have an existing CMS Identity Management (IDM) account?** Select **“Yes,”** (proceed to section 3.1.1) **“No,”** (proceed to section 3.1.2) or **“I don’t know”** (proceed to section 3.1.3)

3.1.1 Yes Option

If **“Yes,”** select the **“Next”** button to proceed.

Figure 2: Existing CMS IDM Account Verification



Centers for Medicare & Medicaid Services

Making Care Primary Model

CMS.gov

Existing CMS Identity Management (IDM) Account Verification

* Do you have an existing CMS Identity Management (IDM) account? [Not sure? Click to verify](#)

☐ Yes
☐ No
☐ I don't know

Cancel Next >>

Help Links

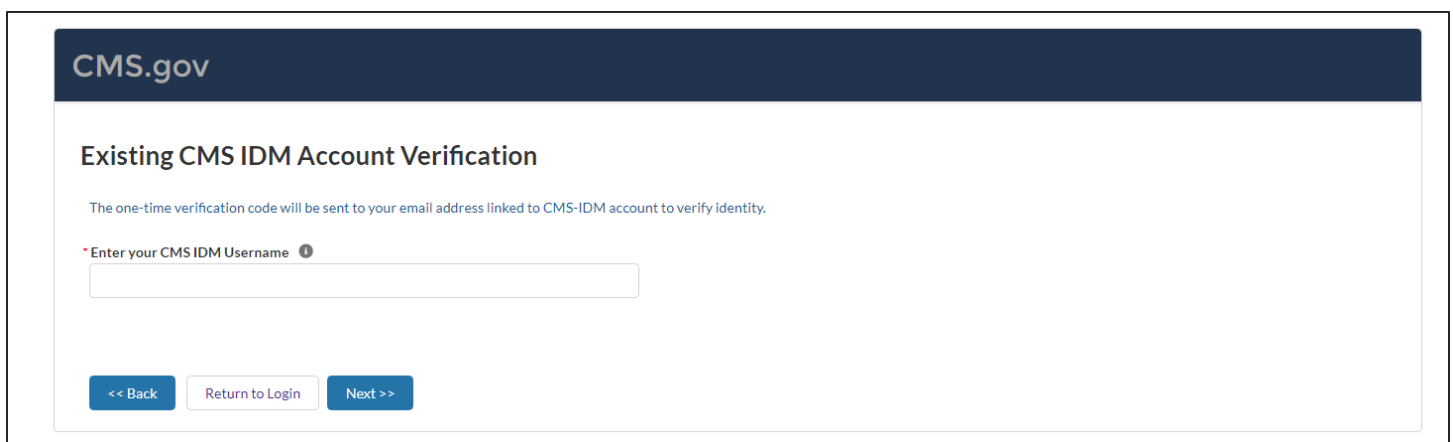
If you already have access to: <https://portal.cms.gov/> (ex. OCM data registry) or <https://harp.qualitynet.org/login/login> (ex. QPP), please use these credentials to access your account.

Please DO NOT refresh the browser / tab during registration process.

Enter CMS IDM Username.

Select **“Next”** to move to proceed to section 3.1.4. (See Figure 6)

Figure 3: Existing CMS IDM Username



CMS.gov

Existing CMS IDM Account Verification

The one-time verification code will be sent to your email address linked to CMS-IDM account to verify identity.

* Enter your CMS IDM Username ⓘ

<< Back Return to Login Next >>

3.1.2 No Option

If “No,” select the “Next” button to proceed.

Figure 2: Existing CMS IDM Account Verification

Centers for Medicare & Medicaid Services

Making Care Primary Model

CMS.gov

Existing CMS Identity Management (IDM) Account Verification

* Do you have an existing CMS Identity Management (IDM) account? [Not sure? Click to verify](#)

☐ Yes

☐ No

☐ I don't know

Cancel

Next >>

Help Links

If you already have access to: <https://portal.cms.gov/> (ex. OCM data registry) or <https://harp.qualitynet.org/login/login> (ex. QPP), please use these credentials to access your account.

Please DO NOT refresh the browser / tab during registration process.

Enter the requested information on the CMS IDM registration screen. Select the reCAPTCHA box, then select **“Next”** to proceed. You will be navigated to the next set of directions (see Section 3.1.4, Figure 6).

Figure 4: IDM Registration

CMS.gov

IDM Registration

* Create New Username for CMS-IDM ⓘ

Create New Username for CMS-IDM

* Legal First Name

Legal First Name

* Legal Last Name

Legal Last Name

* Email Address

Email Address

☐ I'm not a robot

reCAPTCHA
Privacy - Terms

<< Back Return to Login Next >>

Username Requirements

- Username must be between 6 and 70 characters
- Username must start and end with an alphanumeric character (e.g. 0-9, A-Z, a-z)
- Username must contain at least one letter (e.g. A-Z, a-z)
- Username must not contain 9 consecutive numbers (e.g. "Password123456789" is NOT allowed)
- Username must not contain consecutive special characters (e.g. "P@--word" is NOT allowed)
- Username only supports the following special characters: @,.,-,_
- Username must be in email format if special character @ is used

Please DO NOT refresh the browser / tab during registration process.

3.1.3 I Don't Know Option

If “**I don't know**” is the option, select the “**Next**” button to proceed.

Figure 2: Existing CMS IDM Account Verification

The screenshot shows the CMS.gov website with the header "Centers for Medicare & Medicaid Services" and a blue banner "Making Care Primary Model". Below the banner is a dark blue bar with "CMS.gov" in white. The main heading is "Existing CMS Identity Management (IDM) Account Verification". The form asks: "Do you have an existing CMS Identity Management (IDM) account?" with three radio button options: "Yes", "No", and "I don't know". A link "Not sure? Click to verify" is next to the question. At the bottom of the form are "Cancel" and "Next >>" buttons. To the right is a "Help Links" box with text: "If you already have access to: <https://portal.cms.gov/> (ex. OCM data registry) or <https://harp.qualitynet.org/login/login> (ex. QPP), please use these credentials to access your account." At the bottom of the page is a red note: "Please DO NOT refresh the browser / tab during registration process."

Enter your Legal First Name, Legal Last Name and Email Address. Select “**Next**”.

A message will appear as: “**The username is sent to your email. Please check your email.**”

If not, you will need to start with section 3.1. to begin the **New Registration** process.

Figure 5: Retrieve Username

The screenshot shows the CMS.gov website with the header "Centers for Medicare & Medicaid Services" and a blue banner "Making Care Primary Model". Below the banner is a dark blue bar with "CMS.gov" in white. The main heading is "Retrieve Username". The form has three input fields: "Legal First Name", "Legal Last Name", and "Email Address", each preceded by an asterisk. At the bottom are three buttons: "<< Back", "Return to Login", and "Next >>".

You will receive an email to the email address you used to register your account which will include a verification code. Enter the code from the email and select **“Validate OTP & Proceed”**. (See Figure 6)

You will be prompted to reset your password.

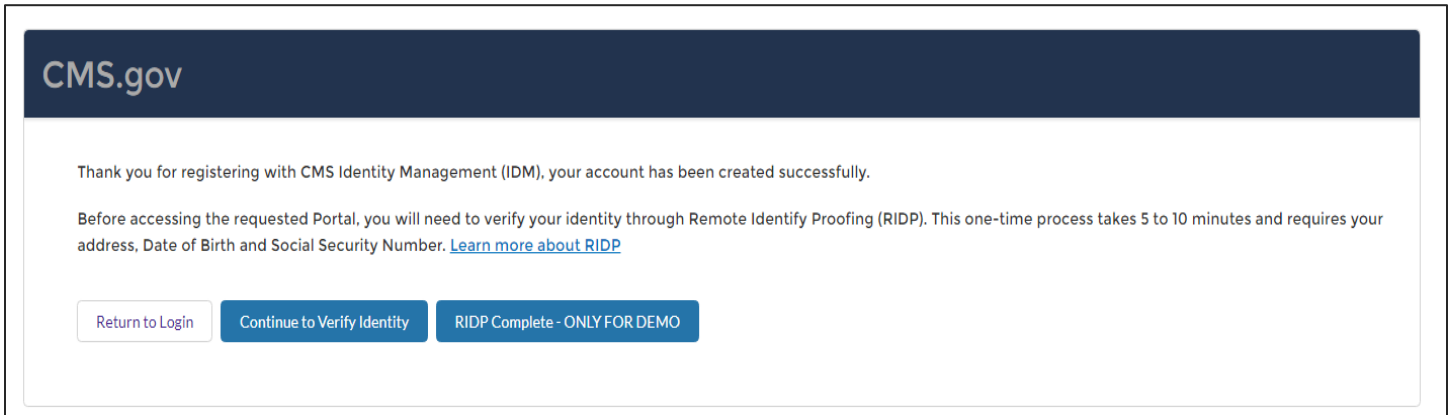
Figure 6: Existing CMS IDM Account Verification

The screenshot shows the CMS.gov website interface for account verification. At the top is a dark blue header with the CMS.gov logo. Below the header, the page title is "Existing CMS IDM Account Verification". A message states: "One-time verification code has been sent to CMS IDM email address. It is valid for current session." There are two input fields: "Enter your CMS IDM Username" with a red asterisk and a help icon, containing the text "amills1975"; and "Enter Verification Code" with a red asterisk and a help icon, which is empty. To the right of the verification code field is a timer showing "00:09:55". At the bottom, there are three buttons: "<< Back" (dark blue), "Return to Login" (light blue), and "Validate OTP & Proceed" (dark blue).

3.1.4 Continuing the Registration Process

Continue to verify identity by selecting **“Continue to Verify Identity”**. (See Figure 7)

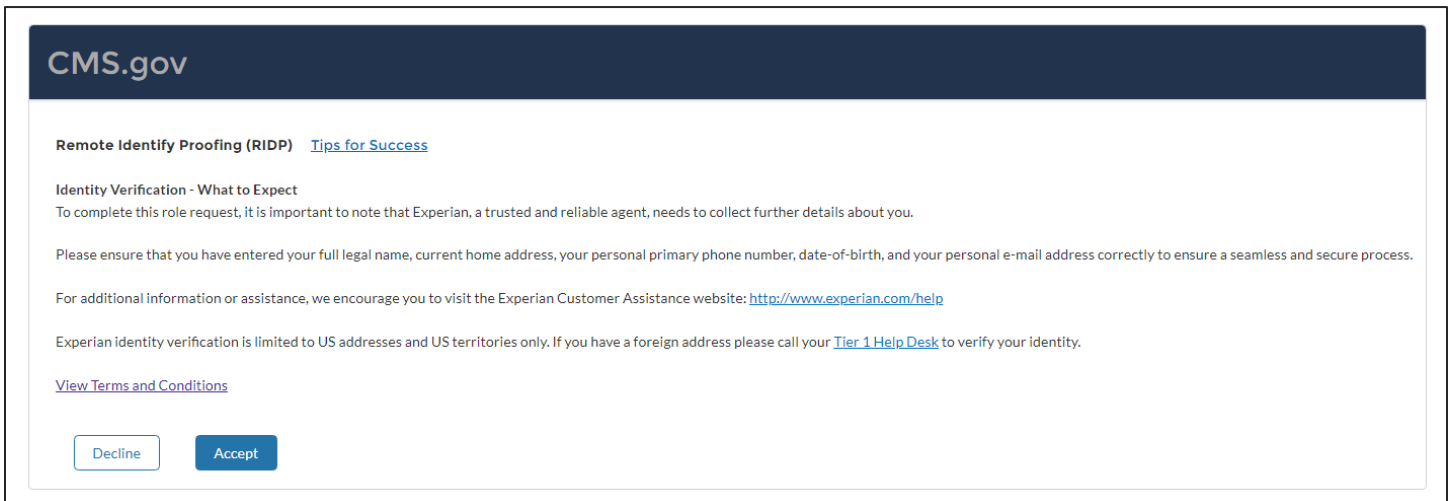
Figure 7: Continue to Verify Identity



The screenshot shows the CMS.gov registration completion page. At the top is a dark blue header with the CMS.gov logo. Below the header, a message states: "Thank you for registering with CMS Identity Management (IDM), your account has been created successfully." This is followed by a paragraph explaining the next step: "Before accessing the requested Portal, you will need to verify your identity through Remote Identify Proofing (RIDP). This one-time process takes 5 to 10 minutes and requires your address, Date of Birth and Social Security Number. [Learn more about RIDP](#)". At the bottom, there are three buttons: "Return to Login" (light blue), "Continue to Verify Identity" (dark blue), and "RIDP Complete - ONLY FOR DEMO" (dark blue).

Select and read the **View Terms and Conditions** link. Select the **“X”** at the top right of the **View Terms and Conditions** screen to close the window. Select **“Accept”** to continue. (See Figure 8)

Figure 8: Remote Identity Proofing



The screenshot shows the CMS.gov Remote Identity Proofing (RIDP) screen. At the top is a dark blue header with the CMS.gov logo. Below the header, the title "Remote Identify Proofing (RIDP)" is followed by a link "[Tips for Success](#)". The section "Identity Verification - What to Expect" contains the text: "To complete this role request, it is important to note that Experian, a trusted and reliable agent, needs to collect further details about you." Below this, a paragraph states: "Please ensure that you have entered your full legal name, current home address, your personal primary phone number, date-of-birth, and your personal e-mail address correctly to ensure a seamless and secure process." Another paragraph says: "For additional information or assistance, we encourage you to visit the Experian Customer Assistance website: <http://www.experian.com/help>". A final paragraph notes: "Experian identity verification is limited to US addresses and US territories only. If you have a foreign address please call your [Tier 1 Help Desk](#) to verify your identity." At the bottom left, there is a link "[View Terms and Conditions](#)". At the bottom, there are two buttons: "Decline" (light blue) and "Accept" (dark blue).

Enter the required information, denoted by an asterisk. (See Figure 9). Select the **“Submit”** button to continue.

Figure 9: RIDP

CMS.gov

Remote Identify Proofing (RIDP)

[Tips for Success](#)

* Required field

* Legal First Name

Legal First Name is required.

Middle Name

* Legal Last Name

Legal Last Name is required.

* Date of Birth

MM/DD/YYYY

Date of birth is required.

* Personal Phone Number

XXX-XXX-XXXX

* Personal Email

dpplhr7@gmail.com

* Social Security Number

XXX-XX-XXXX

* Street Address Line 1

Street Address Line 2

* City

* State

Select State

* Zip Code

Zip Code Extn

← Back

Return to Login

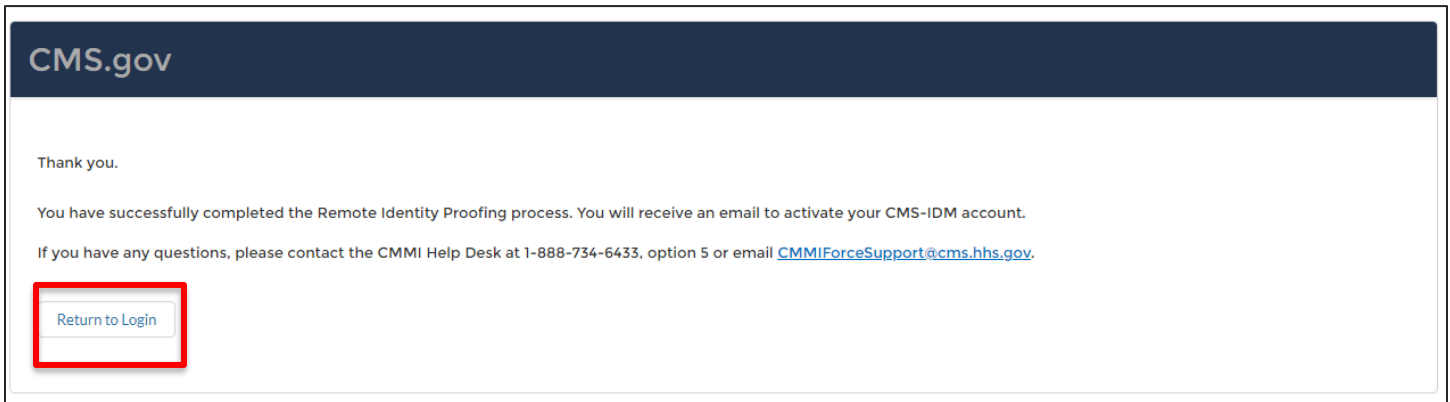
Submit

MAKING CARE PRIMARY MODEL APPLICATION PORTAL TRAINING MANUAL

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Once your identity has been verified, you will receive an email to activate your account. (See Figure 10). Select the **“Return to Login”** button to continue.

Figure 10: Identity Confirmation Page



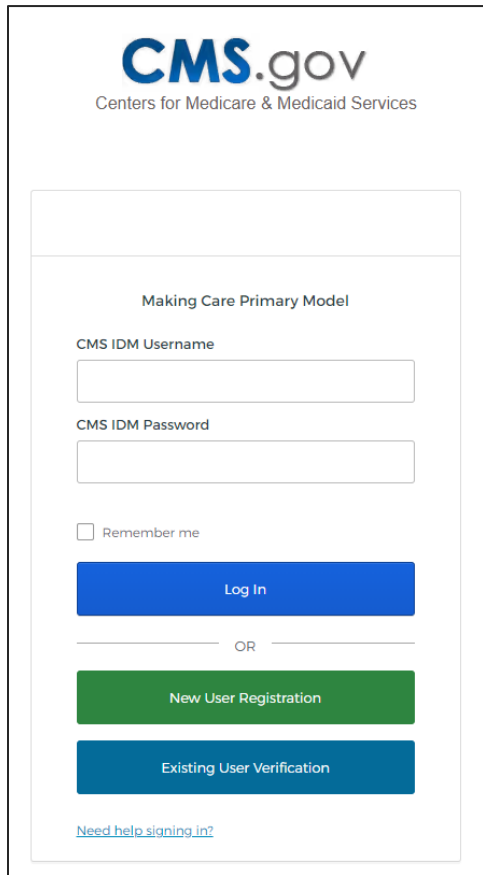
If your identity is not able to be identified, you will see the following message on your page: **We are unable to verify the information you have provided. If there is an error in the information you’ve submitted, you can modify and resubmit or contact Experian Support Services at 1-833-985-0709 to complete the one-time verification process over the phone and provide the response code – IDM – CMMISALESFORCE – XXXXXXXX.**

3.2 Login to the MCP Portal

To access the MCP Login page, navigate to <https://app.innovation.cms.gov/MCP>. The CMS IDM Landing Page, which is the doorway to the Making Care Primary Application, will display after selecting the link above.

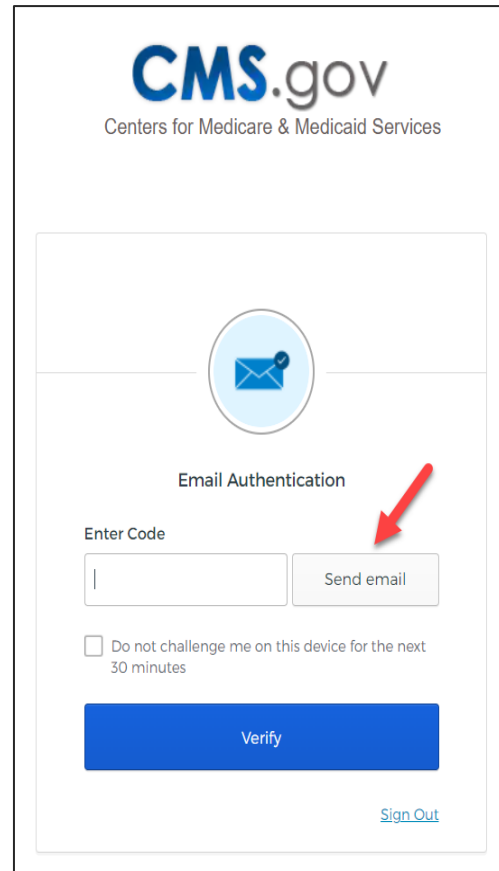
Enter your CMS IDM Username and Password then select the **“Remember Me”** box if you would like the MCP Application portal to store your CMS IDM Username and Password. Select the **“Login”** button. The Authentication page displays. **(NOTE: In this guide, email is the chosen Multi-Factor Authentication (MFA) method.) If you selected SMS or phone call as your MFA option, the same message will be displayed but with the authentication method you chose when registering your account.** (See Figures 11 & 12)

Figure 11: MCP Application Portal Login Page



The login page features the CMS.gov logo at the top. Below it, the heading "Making Care Primary Model" is centered. The form includes two input fields for "CMS IDM Username" and "CMS IDM Password". A "Remember me" checkbox is located below the password field. A blue "Log In" button is positioned below the checkbox. Below the button is a horizontal line with the word "OR" in the center. Underneath the line are two buttons: a green "New User Registration" button and a blue "Existing User Verification" button. At the bottom left, there is a link that says "Need help signing in?".

Figure 12: Email Authentication Page



The email authentication page features the CMS.gov logo at the top. Below it, a circular icon containing an envelope and a key is displayed. The heading "Email Authentication" is centered below the icon. A red arrow points to the "Send email" button. The form includes an "Enter Code" label above a text input field. To the right of the input field is a grey "Send email" button. Below the input field is a checkbox with the text "Do not challenge me on this device for the next 30 minutes". A blue "Verify" button is positioned below the checkbox. At the bottom right, there is a link that says "Sign Out".

4. Start a New MCP Application

The MCP Application portal home page displays information about participation in the MCP model along with deadline submission dates and helpful links.

Select the **“Start New Application”** button. (See Figure 13)

Figure 13: MCP Application Portal Home Page

CMS.gov Welcome to the Making Care Primary

MCP Participant Application

Making Care Primary (MCP) participation will be at the organizational Taxpayer identification Number (TIN) level. Organizations must meet the applicant eligibility requirements (listed below and detailed in the RFA) for their selected track. An organization must sign a Participation Agreement with CMS in order to participate in MCP.

All Applicants must submit a single application for all of the primary care site(s) operating under its TIN.

For applicant FQHCs, all CCNs for all practice site(s) should be submitted on the application.

If the Applicant is owned by a person, entity, or organization other than a clinical or other leader who practices at a single primary care site, organization, or FQHC location identified in the application, or by a separate entity or healthcare organization, the Applicant also must submit a letter of support from the owner committing to segregate model payments that are paid to the Applicant should they join the model and become a model participant, and assuring that all MCP payments will be used in a manner consistent with the MCP Participation Agreement and related CMS guidance.

For questions regarding the MCP or the MCP application process, email MCP@cms.hhs.gov and Phone # is 1-888-734-6433 option 6.

CMS will safeguard the information provided in accordance with the Privacy Act of 1974, as amended (5 U.S.C. § 552a).

For more information, please see the CMS Privacy Policy at <https://www.cms.gov/privacy>.

NOTE: Please be sure to save your work before navigating away from each page as any unsaved work will be lost. Additionally, the application times-out after 30 minutes of inactivity.

Helpful Links


- [Participant Application Guidance](#)
- [MCP Terms List](#)
- [User Manual](#)
- [Request for Application](#)

Upcoming Deadlines

Application Submission Period: September 5, 2023-November 30, 2023

Application Deadline Period: November 30, 2023

My Applications

 [Start New Application](#)

The MCP Eligibility Criteria is displayed. Scroll down to review each section as necessary then continue to the application questions. (See Figure 14)

Figure 14: MCP Eligibility Criteria

MCP Eligibility Criteria

FQHC Instructions

FQHCs will submit a list of all physical practice sites (as well as their CMS Certification Numbers (CCNs)) enrolled in Medicare under their organizational TIN when applying to MCP. Given billing and organizational differences, FQHCs will not be required to submit a roster of primary care practitioners.

Track Eligibility

Applicants should review the MCP RFA for detailed information on track eligibility. Beyond determining eligibility, applicants should review details of payment, care delivery and health IT requirements to determine the most appropriate track for their organization. Organizations with multiple practice sites (physical locations where care is delivered) will need to determine which Track is most appropriate given their organization's care delivery capabilities overall.

Applicants inexperienced in value-based care (see definition in Track Selection) can choose to enter in Track 1, and applicants with experience will enter in Track 2 or 3 depending on which Track they apply to.

The questions in this section are required to move forward with the application to MCP. The answers to these questions impact your organization's eligibility for MCP and may disqualify you from completing the remainder of the application.

Applicants must have a main address within the eligible MCP states.

* 1. Did you or someone from your organization complete a letter of intent (LOI) for MCP?

No

* 2. In which MCP region is your organization located?

--Please Select One--

Please review the MCP eligibility in the RFA and summarized in this application, and attest to the following statement confirming your understanding.

☐ Our organization has reviewed and understands the MCP Overlap policy listed above and in the Request for Applications.

[Continue](#) [Cancel](#)

- Question 1: **Did you or someone from your organization complete a letter of intent (LOI) for MCP?**

If you select **"No,"** proceed to question 2. (See Figure 15)

Figure 15: Letter of Intent (LOI) Entry Field

The questions in this section are required to move forward with the application to MCP. The answers to these questions impact your organization's eligibility for MCP and may disqualify you from completing the remainder of the application.

Applicants must have a main address within the eligible MCP states.

* 1. Did you or someone from your organization complete a letter of intent (LOI) for MCP?

--Please Select One--

--Please Select One--

Yes

No

If you answer **“Yes,”** the LOI ID field will be displayed. Enter the LOI ID number that was received by your organization. Proceed to the next question. If you enter your LOI ID number, the MCP Application portal will fill other areas of your application with information from the LOI. (See Figure 16)

Figure 16: Letter of Intent (LOI) Entry Field

The questions in this section are required to move forward with the application to MCP. The answers to these questions impact your organization's eligibility for MCP and may disqualify you from completing the remainder of the application.
Applicants must have a main address within the eligible MCP states.

* 1. Did you or someone from your organization complete a letter of intent (LOI) for MCP?

Yes

LOI IDs (Optional):
Note: Please enter the confirmation number provided after completing your LOI(if you do not remember your confirmation number, you can leave this blank.)

- Question 2: **In which MCP region is your organization located? Select the region/state where your organization is located.**

Please refer to the [RFA](#) for the list of eligible regions. Select the **“attestation box”**. Select the **“Continue”** button at the bottom of the page to proceed. (See Figure 17)

Figure 17: MCP Region Field

* 2. In which MCP region is your organization located?

--Please Select One--

--Please Select One--

Colorado
Massachusetts
Minnesota
New Jersey
New Mexico
Upstate New York
North Carolina
Washington

5. Organization Information Tab


The MCP Application portal will navigate to the **Organization Information** and **Organization Contacts** tabs. As you navigate through the tabs, information on percentage complete will be displayed at the top of your page.

- Question 1: **Organization Headquarters Information.** Type your organization's name in the search bar and select the magnifying glass at the end of the search field to see if your organization returns a result. If no result appears, enter the requested information in fields A through M. Fields J, L, and M are optional. Once completed, proceed to question 2. (See Figure 18)

Figure 18: Organization Headquarters Information

1. **Organization Headquarters Information:** The organization headquarters is the primary organization site where MCP information and funding should be directed.

Lookup Organization



a. Organization Legal Name

b. Organization "doing business as" (DBA) Name (if different from site name)

c. Organization Billing TIN

d. Street Address 1

e. Street Address 2

f. City g. State

h. County i. Zip Code

j. + 4 (Optional) k. Organization Phone Number

l. Organization Fax Number (Optional)

m. Website (Optional)

- Question 2. **Is your organization applying as an FQHC (Federally Qualified Health Center)?**
Select **“Yes”** or **“No”**.

If you select **“Yes”** to this question, you are required to enter your organization’s CMS Certification Number (CCN). Select the Add **CMS Certification Number** button. Enter the requested information displayed on the new page. Once completed, select **“Save”** to return to the previous page or select **“Save”** or **“Save and New”** if you need to enter multiple CCNs. (See Figures 19 & 20)

If you select **“No”** to this question, proceed to question 3.


Figure 19: CMS Add Certification Number Page

*2. Is your organization applying as an FQHC?
An FQHC is an entity that meets the criteria listed in 1861 (aa) (4) of the Social Security Act.

Yes

Please list your organization's CCN(s). Note: If you are applying as a FQHC and do not know what a CCN is, more information can be found [here](#).

CCN Details

 **Add CMS Certification Number**

Action	CCN	Site Name	City	State	Phone Number
No data available in table					

Showing 0 to 0 of 0 entries

Previous Next

Figure 20: CCN Details Pop-up Window

CCN Details

* CMS Certification Number

* Site Name

* Street Address

* City

* State

--Please Select One--

* Zip

* Phone Number

Save

Save and New

Cancel

- Question 3: **Is your organization an Indian Health Program as defined under 25 USC § 1603(12)? Please note that [Grandfathered Tribal FQHCs](#) are not eligible for MCP.** Select “Yes” or “No”. (See Figure 21)

Figure 21: Organization Information

*3. Is your organization an Indian Health Program as defined under 25 USC § 1603(12)? Please note that [Grandfathered Tribal FQHCs](#) are not eligible for MCP.

--None--

✓ --None--

Yes

No

- Question 4: **As of January 1, 2024, will your organization be a CAH that has selected Standard or Method I billing, meaning that clinicians bill under their own National Provider Identifier (NPI)s and have not reassigned their billing rights to your CAH?** Select **“Yes”** or **“No”**. (See Figure 22)

Figure 22: Organization Information

*4. As of January 1, 2024, will your organization be a CAH that has selected Standard or Method I billing, meaning that clinicians bill under their own National Provider Identifier (NPI)s and have not reassigned their billing rights to your CAH?

--None--

✓ --None--

Yes

No

- Question 5: **Is your organization owned by a person, entity, or organization other than a clinical or other leader who practices at a single primary care site, organization, or FQHC location identified in the application, or by a separate entity or healthcare organization?** Select **“Yes”** or **“No”**. If **“No”**, you may proceed to the next question. (See Figure 23)

Figure 23: Organization Information

*5. Is your organization owned by a person, entity, or organization other than a clinical or other leader who practices at a single primary care site, organization or FQHC location identified in the application, or by a separate entity or healthcare organization?

--None--

✓ --None--

Yes

No

If **“Yes”**, the Applicant is required to submit a letter of support from the owner committing to segregate funds that are paid based on the Applicant's participation in MCP and assuring that all MCP payments will be used in a manner consistent with the Participation Agreement. Select the **“Upload Files”** or **“Drop Files”** button to add necessary documents. (See Figure 24)

Figure 24: Upload Letter of Support

*5. Is your organization owned by a person, entity, or organization other than a clinical or other leader who practices at a single primary care site, organization or FQHC location identified in the application, or by a separate entity or healthcare organization?

Yes

The Applicant also must submit a letter of support from the owner committing to segregate funds that are paid based on the Applicant's participation in MCP and assuring that all MCP payments will be used in a manner consistent with the Participation Agreement.

[Upload Files](#) Or drop files


Action	File Name
No data available in table	

- Question 6: Enter your primary Tax Identification Number (TIN). If your TIN is new, please provide all the TINs that your organization has used to bill Medicare for primary care services since January 1, 2021. Select the **“Add Tax Identification Number”** button. You must designate one primary TIN which reflects the TIN your organization currently uses to bill Medicare. (See Figure 25)

Figure 25: Add Tax Identification Numbers

*6. If your organization has multiple TINs, please submit a separate application for each TIN. Please provide all the TINs that your organization has used to bill Medicare since January 1, 2021. Select a check box for the ONE billing TIN that your organization will use to bill primary care in 2024 for MCP services. This is the TIN that your organization will use to bill all services for MCP.

TIN Details

 [Add Tax Identification Number\(s\)](#)

Action	Tax Identification Number	TIN used to bill services in MCP
No data available in table		

Showing 0 to 0 of 0 entries

Previous Next

The TIN Details (Figure 26) window will display to enter the TIN. If you are entering multiple TINs, one TIN is required to be selected to use as the billing TIN for primary care services for the MCP Application Model. Select the check box below the TIN field or select **“Save”** to return to the previous page or select **“Save and New”** if you have multiple TINs to enter.

Figure 26: TIN Details Window

TIN Details

* Tax Identification Number

☐ Select the check box for the ONE billing TIN that your organization will use to bill primary care in 2024 for MCP services. This is the TIN that your organization will use to bill all services for MCP.

Save Save and New Cancel

- Question 7: **Is your organization owned and operated by a larger healthcare organization or parent organization, such as a health system or a group practice?**

Select the appropriate option. (See Figure 27)

Figure 27: Organization Information

*7. Is your organization owned and operated by a larger health care organization or parent organization, such as a health system or a group practice?

--None--

✓ --None--

Yes, Hospital-based health system

Yes, Non-hospital-based health system

Yes, Clinician-owned group practice

No

If **“Yes”** is selected, provide the requested TIN based on the appropriate response. (See Figure 28)

Figure 28: Organization Information (applies to all the “Yes” responses)

*7. Is your organization owned and operated by a larger health care organization or parent organization, such as a health system or a group practice?

Yes, Hospital-based health system

Does your larger health care organization/Parent Organization bill under a different TIN than your organization? If so, please enter the TIN below. If your parent organization does not use a TIN to bill Medicare for services, you may leave this blank.

Save Save And Continue Cancel

If **“No”** is selected, the field “Who is the majority owner of this organization?” appears on the page. Select the appropriate response. If your response to this question is **“Other,”** enter the requested information in the **“If Other, please specify field”**. (See Figures 29 & 30)

Figure 29: Organization Information

*7. Is your organization owned and operated by a larger health care organization or parent organization, such as a health system or a group practice?

No

Who is the majority owner of this organization?

--None--

✓ --None--

Physicians in the organization

Non-physician practitioners (nurse practitioners or physician assistants) in the organization

Other

Save Save And Continue Cancel

Figure 30: Organization Information Question 7 (No Scenario)

*7. Is your organization owned and operated by a larger health care organization or parent organization, such as a health system or a group practice?

No

Who is the majority owner of this organization?

Other

If Other, please specify

Save Save And Continue Cancel

Once you have completed this section, select **“Save”** to save your progress or select **“Save and Continue”** to proceed to the Organization Contacts tab.

6. Organization Contacts Tab

This section requires you to provide contact information for the organization applying to participate in the MCP model. The **Applicant Contact**, **Health IT Contact**, and **Executive Lead Contacts** are required to be entered. A description of each contact type is displayed on the page for review. If no one is identified as the contacts (e.g., Applicant, Health IT, or Executive Lead) listed, information for the **“Organization Contact”** is required to be entered.

Select the **“Add Contact”** button to begin entering your contact information. The Add Contact window is displayed. Enter the relevant information for each field. (**Note: All fields are required as indicated by an asterisk**). Once you have completed this section, select **“Save”** to save your progress or select **“Save and New”** to enter your next contact. Once all required information has been entered, select **“Save and Continue”** to proceed to the **Track Eligibility** tab. (See Figures 31 & 32)

Figure 31: Add Organization Contact

CMS.gov Welcome to the Making Care Primary

My Applications > MCP-RFA-01550 [Download Application](#) [Application Checklist](#)

Complete Profile 18% **Complete Application** 10% **Certify and Submit** 10%

Organization Information **Organization Contacts**

[Save](#) [Save And Continue](#) [Cancel](#)

This section asks for organization contact information needed for MCP. Please use the explanations provided to identify the most appropriate person for each contact field and enter their most current contact information.

Applicant Contact: The applicant contact is the person who has filled out your MCP application and/or is very familiar with the different sections of the application and understands the answers your organization has provided. If this contact also works in your organization (and you indicate this when filling out their contact information), they will also receive your organization's acceptance/rejection letters and be automatically signed up to get the weekly MCP newsletter.

Organization Contact (if applicable): If your applicant contact does not work in your organization you will also need to fill out the "Organization Contact" field. This person must work in your organization. They will receive your acceptance/rejection letters and be automatically signed up to get the weekly MCP newsletter.

Health IT Contact: This should be someone, from your organization who administers your organization's EHR and other health IT and is prepared to answer specific questions about the health IT in use in your organization.

Executive Lead Contact: An individual who manages or has oversight responsibility for the organization, its finances, personnel, quality improvement, and compliance.

Contact Details

[Add Contact](#)

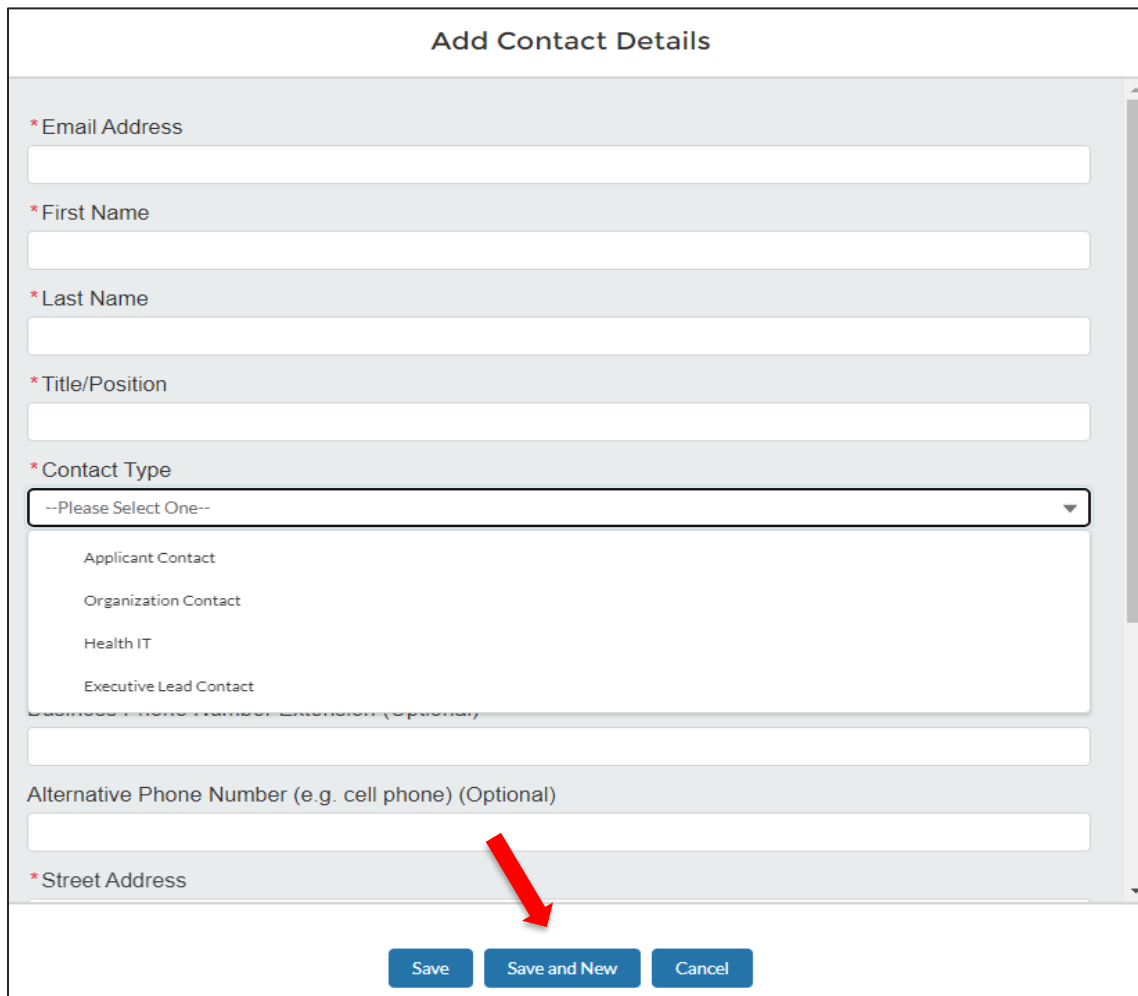
Contact Details Search

Enter Search Text...

Action	Contact Type	Email Address	Name	Title/Position	Address	Business Phone
No data available in table						

Showing 0 to 0 of 0 entries [Previous](#) [Next](#)

Figure 32: Add Contact Details Window



The image shows a web form titled "Add Contact Details". It contains several input fields and a dropdown menu. A red arrow points to the "Save and New" button at the bottom.

Add Contact Details

* Email Address

* First Name

* Last Name

* Title/Position

* Contact Type
--Please Select One--
Applicant Contact
Organization Contact
Health IT
Executive Lead Contact

Alternative Phone Number (e.g. cell phone) (Optional)

* Street Address

6.1 Track Eligibility Tab

The MCP Application portal will navigate to the **Track Eligibility** tab. Select the box next to the attestation indicating that you have reviewed and understand the information. (See Figure 33)

Figure 33: Track Eligibility Page

Track Eligibility Non-FQHCs Only: Clinician and Staff Information Specialty Care Partners Health IT and Data Sharing

Applicants will self-select into Track 1, 2, or 3 based their ability to meet the track requirements outlined in the RFA. Please review the RFA in detail, including Track eligibility (Section 2) and the Care Delivery design (Section 4) and requirements for each track (Appendix C).

CMS reserves the right to seek additional information from applicants after the application period closes. MCP Track 1 is designed for participants who have no experience in value-based care (inexperienced with performance-based risk Medicare initiatives).

Experience in value-based care is defined as:

The applicant has participated in performance-based risk Medicare initiatives (including Primary Care First (PCF), Comprehensive Primary Care Plus (CPC+), Next Generation AGO (NGACO), Direct Contracting, Accountable Care Organizations Realizing Equity Access and Community Health (ACO REACH), AND/OR has been part of a Medicare Shared Savings Program (SSP)ACO that has not deferred its entry into a second agreement period under a two-sided model under § 425.200(e) in the five most recent performance years prior to the start of the agreement. This includes scenarios where 60% or more of the applicant TIN's NPIs or CCNs meet the aforementioned criteria.

Applicants that demonstrate experience with performance-based risk and meet the relevant application eligibility requirements are not eligible for Track 1 and must begin MCP in Tracks 2 or 3.

☐ Our organization has reviewed and understands the information above and in the RFA regarding Track eligibility requirements based on experience with performance-based risk and will apply to the appropriate Track based on historical experience.

1. Has your organization ever participated in CPC+, PCF, or any other Medicare two-sided risk ACO model or performance-based risk program as defined above in the last five years?

--Please Select One--

- Question 1: **Has your organization ever participated in CPC+, PCF, or any other Medicare two-sided risk Accountable Care Organization (ACO) model or performance-based risk program as defined above in the last five years?** Select the appropriate response then proceed to question 2. (See Figure 34)

Figure 34: Previous Model Participation

1. Has your organization ever participated in CPC+, PCF, or any other Medicare two-sided risk ACO model or performance-based risk program as defined above in the last five years?

--Please Select One--

--Please Select One--

Yes

No

- Question 2: **Given this information, would your organization like to be considered to receive the track 1 upfront infrastructure payment (UIP)?** Select the appropriate response, then proceed to question 3. (See Figure 35)

Figure 35: Upfront Infrastructure Payment (UIP)

Upfront Infrastructure Payment (UIP) Eligibility

Track 1 eligible participants may qualify for an up-front infrastructure payment (UIP). Only participants deemed to be "low revenue" ("low revenue" is intended to be a proxy for whether the organization is smaller, physician-owned, or rural) will be eligible. Using the 24-month historical claims period from December 2021 to December 2023, we will assess whether a participant meets the definition of "low revenue" by calculating participant's within-TIN Part A + Part B revenue and dividing it by the total Part A + Part B spending for the participant's attributed beneficiaries. Participants that have a result which is less than 35% will meet the low revenue threshold criteria and are eligible for the UIP, which we will communicate to accepted participants in Spring 2024.

Additional UIP details can be found in the RFA. Of note, recipients of the UIP will be required to provide detailed reporting regarding how funds are spent, return any unspent funds, and sign a Participation Agreement acknowledging that UIP funds will be distributed over 13 months and can be recouped for up to 2 years if the participant withdraws or CMS terminates its participation in the model prior to entering Track 3.

2. Given this information, would your organization like to be considered to receive the track 1 upfront infrastructure payment (UIP)?

--Please Select One--

--Please Select One--

Yes

No

Select each box to attest that you have read each corresponding statement, then proceed to question 3.

- Question 3: After attesting to the "**Confirmation of RFA Review and Applicant Understanding**" statements, please select the requested track from the drop-down field for which you are applying. (**Note: If you are designated as an FQHC Applicant, you may Save and move directly to the Health IT section.**) (See Figure 36)

Figure 36: Attestation and Track Selection

Confirmation of RFA Review and Applicant Understanding

Please attest to the following statements after reviewing the RFA in its entirety:

☒ Our organization has reviewed and understands the information in the RFA regarding requirements and MCP payment structure differences for each MCP track.

☒ Our organization has reviewed the Care Delivery section of the RFA and agrees to comply with the Care Delivery expectations of the track we are applying to, if accepted to participate in the model.

☒ Our organization understands that all participants will complete baseline and ongoing Care Delivery reporting (at least bi-annually for Tracks 1 and 2 and annually for Track 3) to ensure we are meeting the requirements, which will be subject to monitoring and audit.

☒ Our organization understands that all Track 2 and Track 3 participants will be required to administer the PCPCM survey. Participants in all Tracks will be asked to submit a patient roster by a date and in a manner specified by CMS.

☒ A clinical leader from our organization has reviewed the MCP RFA and requirements and is committed to providing leadership support in the organization's participation in the program.

3. After attesting to the above statements, please indicate which track you are applying to:

--Please Select One--

--Please Select One--

Track 1

Track 2

Track 3

6.2 Non-FQHCs Only: Clinician and Staff Information Tab

This section allows you to enter information about the clinicians in your organization including the National Provider Identifier number (NPIs), clinician type, and clinician specialty for each applicable provider in your organization.

The questions on this page are required only if you selected **“Yes”** to question 2 on the **Organization Information page**. If you selected **“No,”** proceed to the **Specialty Care Partners** tab.

Review the information on the page, then move to question 1.

- Question 1: **To the best of your knowledge, has your organization, your organization’s owners, or anyone employed in your organization had a final adverse legal action as defined on page 12 of the Medicare Enrollment Application for Physicians and Non-Physician Practitioners, CMS-855B or page 16 of CMS-855A (<https://www.cms.gov/medicare/provider-enrollment-and-certification/enrollment-applications>) or been the subject of an investigation by, prosecution by, or settlement with the Health and Human Services Office of the Inspector General, U.S. Department of Justice, or any other Federal or State enforcement agency in the last five years relating to allegations of failure to comply with applicable Medicare or Medicaid billing rules, the Anti-Kickback Statute, the physician self-referral prohibition, or any other applicable fraud and abuse laws?** Failure to disclose could be grounds for application denial or immediate termination from the initiative. (See Figure 37)

Figure 37: Non-FQHCs Only: Clinician and Staff Information

Track Eligibility

Non-FQHCs Only: Clinician and Staff Information

Specialty Care Partners

Health IT and Data Sharing

Save

Save And Continue

Cancel

If you are a FQHC, you may hit "Save and Continue" to skip this section and move directly to the Health Information Technology (IT) section. We will use the CCN and TIN information you provided previously to conduct program integrity screening.

This section asks questions about the clinicians in your organization and should be filled out by someone familiar with the clinician information, including National Provider Identifiers (NPIs), number of clinicians, and clinician specialty and work within the organization. Unless otherwise indicated, please answer only for the primary care clinicians that will be participating in MCP. As a reminder, non-FQHC applicants must identify each individual NPI that meets the eligibility criteria and renders services under the TIN of the applicant.

Applications will be screened to determine eligibility for further review using criteria detailed in this solicitation and in applicable law and regulations. In addition, CMS may also deny individual clinicians or any other relevant entity participation in MCP based on the results of a program integrity review of the applicant, its clinicians, or any relevant individuals or entities. CMS may also deny individual clinicians or any other relevant entity participation in MCP based on the results of a program integrity review.

Applicants will be required to disclose any investigations of, or sanctions that have been imposed on the applicant or individuals in leadership positions in the last three years by an accrediting body or state or federal government agency. Individuals in leadership positions include key executives who manage or have oversight responsibility for the organization, its finances, personnel, and quality improvement, including, for example, CEO, CFO, COO, CIO, medical director, compliance officer, or an individual responsible for maintenance and stewardship of clinical data.

1. To the best of your knowledge, has your organization, organization's owners, or anyone employed in your organization had a final adverse legal action as defined on page 12 of the Medicare Enrollment Application for Physicians and Non-Physician Practitioners, CMS-855B or page 16 of CMS-855A (<https://www.cms.gov/medicare/provider-enrollment-and-certification/enrollment-applications>) or been the subject of an investigation by, prosecution by, or settlement with the Health and Human Services Office of the Inspector General, U.S. Department of Justice, or any other Federal or State enforcement agency in the last five years relating to allegations of failure to comply with applicable Medicare or Medicaid billing rules, the Anti-Kickback Statute, the physician self-referral prohibition, or any other applicable fraud and abuse laws? Failure to disclose could be grounds for application denial or immediate termination from the initiative.

--Please Select One--

--Please Select One--

Yes

No

Select the appropriate response. **(Note: If you select “Yes” to this question, you are required to complete the field: Please explain the legal actions, investigations, prosecutions, and/or settlements; the agency involved; and the resolution, if any.)** (See Figure 38)

Figure 38: Non FQHCs Only

Track Eligibility

Non-FQHCs Only: Clinician and Staff Information

Specialty Care Partners

Health IT and Data Sharing

Save

Save And Continue

Cancel

If you are a FQHC, you may hit “Save and Continue” to skip this section and move directly to the Health Information Technology (IT) section. We will use the CCN and TIN information you provided previously to conduct program integrity screening.

This section asks questions about the clinicians in your organization and should be filled out by someone familiar with the clinician information, including National Provider Identifiers (NPIs), number of clinicians, and clinician specialty and work within the organization. Unless otherwise indicated, please answer only for the primary care clinicians that will be participating in MCP. As a reminder, non-FQHC applicants must identify each individual NPI that meets the eligibility criteria and renders services under the TIN of the applicant.

Applications will be screened to determine eligibility for further review using criteria detailed in this solicitation and in applicable law and regulations. In addition, CMS may also deny individual clinicians or any other relevant entity participation in MCP based on the results of a program integrity review of the applicant, its clinicians, or any relevant individuals or entities. CMS may also deny individual clinicians or any other relevant entity participation in MCP based on the results of a program integrity review.

Applicants will be required to disclose any investigations of, or sanctions that have been imposed on the applicant or individuals in leadership positions in the last three years by an accrediting body or state or federal government agency. Individuals in leadership positions include key executives who manage or have oversight responsibility for the organization, its finances, personnel, and quality improvement, including, for example, CEO, CFO, COO, CIO, medical director, compliance officer, or an individual responsible for maintenance and stewardship of clinical data.

1. To the best of your knowledge, has your organization, organization's owners, or anyone employed in your organization had a final adverse legal action as defined on page 12 of the Medicare Enrollment Application for Physicians and Non-Physician Practitioners, CMS-855B or page 16 of CMS-855A (<https://www.cms.gov/medicare/provider-enrollment-and-certification/enrollment-applications>) or been the subject of an investigation by, prosecution by, or settlement with the Health and Human Services Office of the Inspector General, U.S. Department of Justice, or any other Federal or State enforcement agency in the last five years relating to allegations of failure to comply with applicable Medicare or Medicaid billing rules, the Anti-Kickback Statute, the physician self-referral prohibition, or any other applicable fraud and abuse laws? Failure to disclose could be grounds for application denial or immediate termination from the initiative.

Yes

Please explain the legal actions, investigations, prosecutions, and/or settlements; the agency involved; and the resolution, if any.

- Question 2: **For each Primary Care Clinician in your organization, please provide the following information.**

Select the **“Add Primary Care Clinician”** button. (See Figure 39)

Figure 39: Add Primary Care Clinician

The purpose of the next question is to create a list of participating clinicians that bill through the TIN of your organization (i.e., they have reassigned to your organization the right to receive Medicare payments but are listed as the rendering provider on claims). As you add information about each of the clinicians in your organization, please create only one record, even if a clinician works at multiple locations of your larger health care organization.

NOTE: Clinicians with the following [NPPES codes](#) are eligible to be included on an MCP Clinician List. This means that claims for these clinicians will be adjusted according to the terms in the Participation Agreement and will be used in the attribution methodology. The following specialties are considered primary care clinicians for purposes of MCP:

Internal Medicine, General Medicine, Geriatric Medicine, Family Medicine, Pediatric Medicine, Nurse Practitioner (NP), Clinical Nurse Specialist (CNS), and Physician Assistant (PA). Please note that applicants which employ NPs, CNSs, and PAs that primarily practice under a supervising physician listed in specialties other than Family Medicine Internal Medicine, General Medicine, Geriatric Medicine, and Pediatric Medicine should not be included on an applicant's roster. NPs that do not bill under supervising physicians must provide primary care as the majority of their services in order to be included on an MCP applicant's MCP Clinicians List.

If your organization is found eligible for participation in the model, CMS will conduct a program integrity screening of all clinicians on the list and confirm their specialty.

2. For each primary care clinician in your organization, please provide the following information:

Primary Care Clinicians

 **Add Primary Care Clinician**

Action	NPI	Clinician First Name	Clinician Last Name	Clinician Type	Primary Specialty
No data available in table					

Showing 0 to 0 of 0 entries

Previous Next

The “**Add Primary Care Clinician**” window is displayed. Enter the required information marked by an asterisk. Once complete, select “**Save**” to save your progress or select “**Save and New**” to enter your next Clinician. Repeat these steps until all relevant clinician information has been entered. (See Figure 40)

Figure 40: Add Primary Care Clinician Window

Add Primary Care Clinician

* National Practitioner ID (NPI)

Note: You can look up NPIs at this link <https://npiregistry.cms.hhs.gov>

* Clinician First Name

Clinician Middle Initial (Optional)

* Clinician Last Name

* Clinician Type

--Please Select One--

* Primary Specialty

--Please Select One--

You can confirm each clinician’s specialty type using the [NPPES website](#)

Save

Save and New

Cancel



- Question 3: **If your organization has multiple physical locations where primary care is delivered to Medicare beneficiaries, please list each location below. Please note, that MCP requires that all physical locations that provide primary care to Medicare beneficiaries be included in this list, as all physical locations will be considered part of the model.**

Select the **“Add Physical Location”** button. (See Figure 41)

Figure 41: Add Physical Location

3. If your organization has multiple physical locations where primary care is delivered to Medicare beneficiaries, please list each location below. Please note, MCP requires that all physical locations that provide primary care to Medicare beneficiaries be included in this list, as all physical locations will be considered part of the model.

Physical Locations



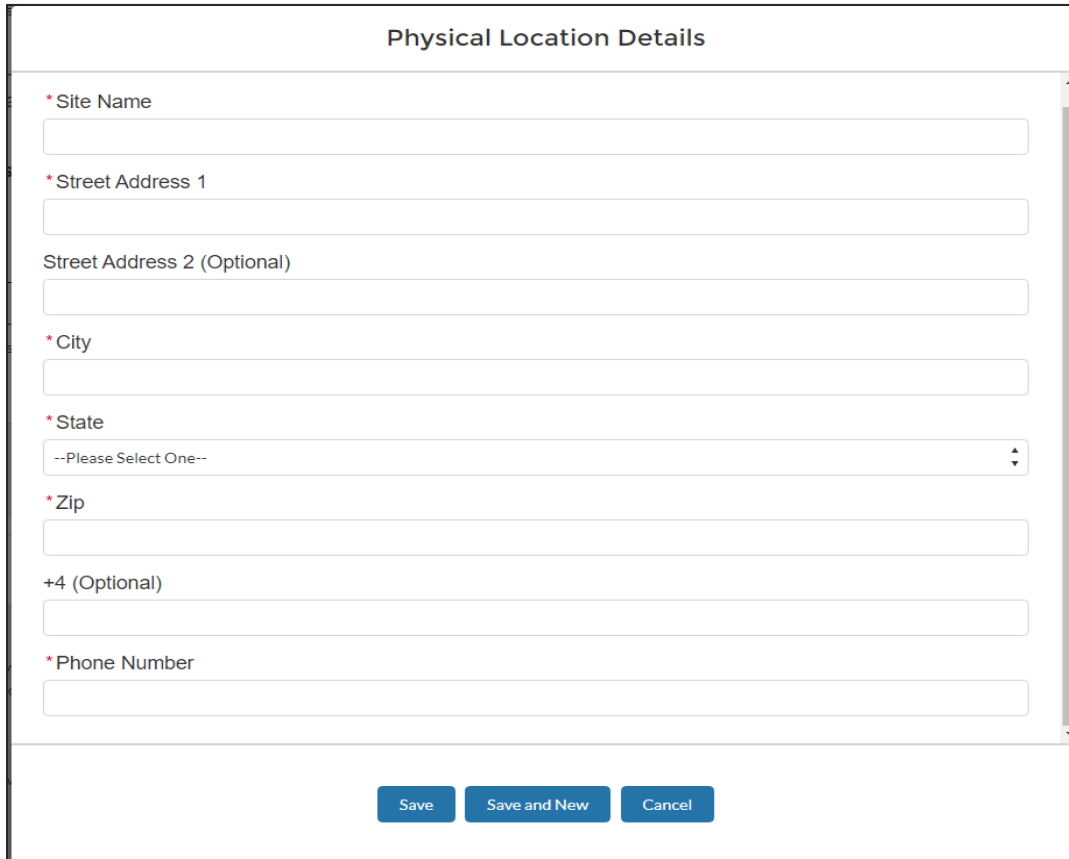
Action	Site Name	Street Address 1	City	State	Phone Number
No data available in table					

Showing 0 to 0 of 0 entries

Previous Next

The **Physical Location Details** window will be displayed. Enter the required information marked by an asterisk. Once complete, select **“Save”** to save your progress or select **“Save and New”** to enter your next location. Repeat these steps until all relevant locations have been entered. (See Figure 42)

Figure 42: Physical Location Details Window

The image shows a web form titled "Physical Location Details". It contains several input fields: a text box for "Site Name", a text box for "Street Address 1", a text box for "Street Address 2 (Optional)", a text box for "City", a dropdown menu for "State" with "--Please Select One--" as the selected option, a text box for "Zip", a text box for "+4 (Optional)", and a text box for "Phone Number". The "State" dropdown has a small upward and downward arrow icon on its right side. At the bottom of the form, there are three blue buttons: "Save", "Save and New", and "Cancel". The form has a light gray border and a vertical scrollbar on the right side.

Physical Location Details

* Site Name

* Street Address 1

Street Address 2 (Optional)

* City

* State

--Please Select One--

* Zip

+4 (Optional)

* Phone Number

Save Save and New Cancel

Select **“Save”** to save your progress or select **“Save and Continue”** to proceed to the **Specialty Care Partners** tab.

6.3 Specialty Care Partners Tab

Read the statement, then select the attestation box to confirm. (See Figure 43)

Figure 43: Specialty Care Partners Statement to Attest

The screenshot shows a web application interface with four tabs: "Track Eligibility", "Non-FQHCs Only: Clinician and Staff Information", "Specialty Care Partners" (which is active), and "Health IT and Data Sharing". In the top right corner of the active tab, there are three buttons: "Save", "Save And Continue", and "Cancel". The main content area contains the following text:

Track 2 and 3 applicants: MCP participants are required to enhance communication and collaboration with at least one specialty practice to improve their provision of high-quality primary and specialty care. This requirement will begin in Track 2.

- Non-FQHCs and non-Indian Health Programs will be required to designate at least one Specialty Care Partner who specializes in Pulmonology, Cardiology, or Orthopedics.
- FQHCs and Indian Health Programs will not be required to partner with at least one Specialty Care Partner who specializes in Pulmonology, Cardiology, or Orthopedics.

CMS will collect Specialty Care Partner rosters on at least an annual basis during each calendar year of MCP. Please acknowledge below that you have reviewed the RFA and understand the Specialty Care Partner requirements

Below this text is a red-bordered box containing a single checkbox and its label:

☐ Our organization has reviewed and understands the information in the RFA regarding Specialty Care Partner requirements.

- Question 1: **Does your organization currently use an e-consult technology solution?** Select the appropriate response.

If you answer **"No"** to question 1, you are required to answer question 1a. **If "No," do you intend to purchase one using MCP payments?** Select the appropriate response. (See Figure 44)

Figure 44: e-Consult Technology Solution

The screenshot shows a form titled "eConsultations (eConsults)". It contains the following text:

An e-consult is a form of interprofessional consultation where the specialist provides clinical guidance without seeing the patient face to face. e-Consults typically occur asynchronously, either integrated into the EMR or through a separate system. MCP requires participants to implement e-consults beginning in Track 2, which may require a separate e-consult technology solution⁵⁴ to support coordinated, and clinically appropriate electronic exchanges between MCP participants and specialists.

The lump sum Upfront Infrastructure Payment (UIP), available only to Track 1 applicants who meet the eligibility criteria, may be used to invest in an e-consult technology solution. Once MCP participants enter Tracks 2 and 3, they are required to send and receive e-consults as part of their care delivery requirements. This may require use of a separate technology solution beyond current EMR capabilities.

Given the critical role of e-consults in encouraging specialty integration, CMS will consider the lack of e-consult technology as a potential reason for overriding a negative result on the other UIP eligibility checks (e.g., if an Indian Health Program participating in Track 1 fails the "low revenue" eligibility criteria, but does not have an e-consult technology solution, it would be eligible for the UIP).

Does your organization currently use an e-consult technology solution?

No

1a. If No, do you intend to purchase one using MCP payments?

--Please Select One--

--Please Select One--

Yes

No

Not sure

If you answer **“Not Sure”** to question 1, you are required to provide an explanation in the **“Explain”** field. (See Figure 45)

Figure 45: e-Consult Technology Solution

eConsultations (eConsults)

An e-consult is a form of interprofessional consultation where the specialist provides clinical guidance without seeing the patient face to face. e-Consults typically occur asynchronously, either integrated into the EMR or through a separate system. MCP requires participants to implement e-consults beginning in Track 2, which may require a separate e-consult technology solution⁵⁴ to support coordinated, and clinically appropriate electronic exchanges between MCP participants and specialists.

The lump sum Upfront Infrastructure Payment (UIP), available only to Track 1 applicants who meet the eligibility criteria, may be used to invest in an e-consult technology solution. Once MCP participants enter Tracks 2 and 3, they are required to send and receive e-consults as part of their care delivery requirements. This may require use of a separate technology solution beyond current EMR capabilities.

Given the critical role of e-consults in encouraging specialty integration, CMS will consider the lack of e-consult technology as a potential reason for overriding a negative result on the other UIP eligibility checks (e.g., if an Indian Health Program participating in Track 1 fails the “low revenue” eligibility criteria, but does not have an e-consult technology solution, it would be eligible for the UIP).

Does your organization currently use an e-consult technology solution?

No

1a. If No, do you intend to purchase one using MCP payments?

Not sure

Explain:

Once complete, select **“Save”** to save your progress or select **“Save and Continue”** to proceed to the **Health IT and Data Sharing** tab.

6.4 Health IT and Data Sharing Tab

Read the statement, then select the attestation box below to confirm. (See Figure 46)

Figure 46: Health IT and Data Sharing Statement

The screenshot shows a web application interface with a top navigation bar containing five tabs: "Track Eligibility", "Non-FQHCs Only: Clinician and Staff Information", "Specialty Care Partners", "Health IT and Data Sharing" (which is active), and an unlabeled tab. Below the tabs, there are three buttons: "Save", "Save And Continue", and "Cancel". The main content area contains a paragraph explaining the purpose of the section, followed by a prompt to attest to a statement. A checkbox is checked, indicating agreement with the statement. Below the checkbox is a bulleted list of requirements.

Track Eligibility Non-FQHCs Only: Clinician and Staff Information Specialty Care Partners **Health IT and Data Sharing**

Save **Save And Continue** **Cancel**

This section asks questions about the health IT capabilities of your organization. The person filling out this section should be familiar with the health IT in use in your organization today. The health IT requirements are detailed in the RFA.

Please attest to the following statement:

☒ Our organization has reviewed the Health IT section of the RFA, and understands the Health IT requirements for the Track we are applying to, including the requirements to:

- Connect with a Health Information Exchange (HIE) by the July 1, 2024, for Track 3 and January 1, 2025 for Tracks 1 and 2.
- Use certified health IT that has been updated to United States Core Data for interoperability (USCDI) USCDI Version 3, where applicable for certified functionality required under the CEHRT definition at 42 CFR 414.1305 by the deadline finalized by ONC.
- Report annual quality measures (including electronic clinical quality measures [eCQMs] via Quality Reporting Data Architecture [QRDA]III), as applicable by track.

- Question 1: **Does your organization agree that CMS can share your TIN, with payers applying to support the model within your state?** Select the appropriate response. (See Figure 47)

Figure 47: Health IT and Data Sharing

The screenshot shows a web application interface with a top navigation bar containing five tabs: "Track Eligibility", "Non-FQHCs Only: Clinician and Staff Information", "Specialty Care Partners", "Health IT and Data Sharing" (which is active), and an unlabeled tab. Below the tabs, there are three buttons: "Save", "Save And Continue", and "Cancel". The main content area contains a section titled "Application Data Sharing" with a question. Below the question is a dropdown menu with a blue bar at the top and two options: "Yes" and "No".

Track Eligibility Non-FQHCs Only: Clinician and Staff Information Specialty Care Partners **Health IT and Data Sharing**

Application Data Sharing

1. Does your organization agree for CMS to share your TIN, with payers applying to support the model within your state?

--Please Select One--

Yes

No

Save **Save And Continue** **Cancel**

Select **"Save"** to save your progress or select **"Save and Continue"** to proceed to the **Certify and Submit** tab.

6.5 Certification Statement Tab

Review the statement and select **“I attest to the above statement”**. The **“Submit”** button will become active and blue to be selected. Prior to submission, you will have the ability to edit your application. Please navigate to those sections to revise your application.

If you are satisfied with the information entered, select the **“Submit”** button.

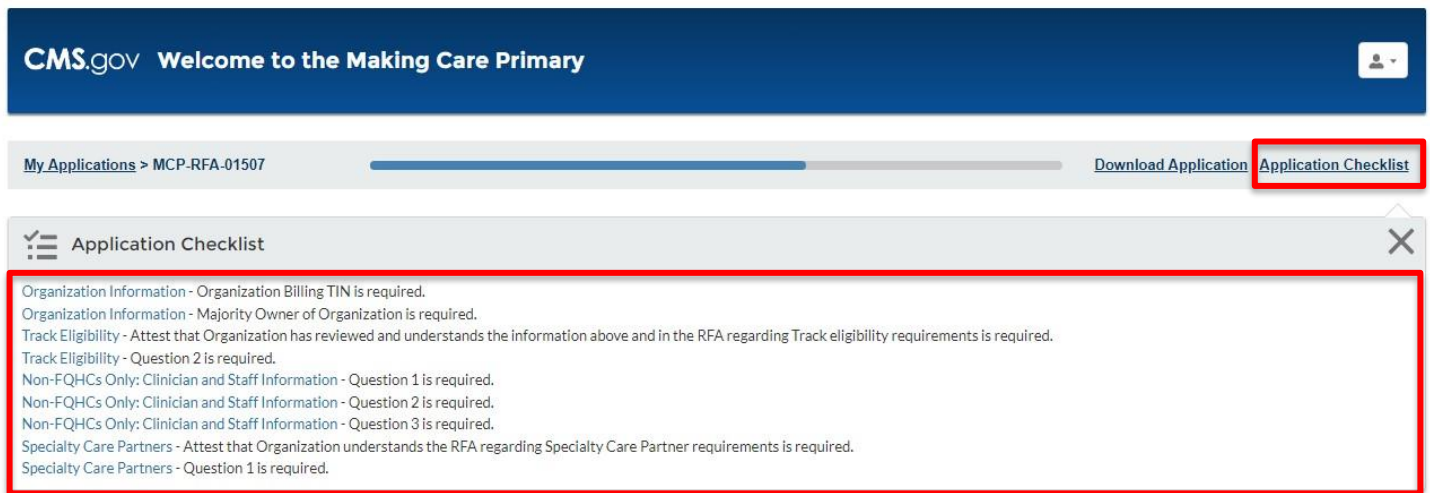
If all the required fields have been completed, the status indicators for **Complete Profile**, **Complete Application**, and **Certify and Submit** at the top of the page will read 100%. (See Figure 48)

Figure 48: Certification Statement Tab

The screenshot displays the 'Certification Statement Tab' interface. At the top, there are three progress indicators, each showing 100% completion: 'Complete Profile' (with a person icon), 'Complete Application' (with a document icon), and 'Certify and Submit' (with a checkmark icon). The 'Certify and Submit' indicator is highlighted with a blue border. Below these indicators is a section titled 'Certification Statement'. Inside this section, there is a text box containing the following statement: 'I certify that the information in this application reflects the most up-to-date information I have about my organization at this time. I understand that CMS will use this information to determine my eligibility to participate in the Making Care Primary model.' Below the text box, there is a checkbox labeled 'I attest to the above statement.' which is checked. In the bottom right corner of the section, there is a blue 'Submit' button with a white checkmark icon.

If the **Submit** button is not active, there is required information missing in the application. Select the **Application Checklist** link in the upper right corner of the page. (See Figure 49) The MCP Application portal will display the question(s) for which a response is required. All questions that require a response must be completed prior to submitting your application. Select each link under the **Application Checklist** to navigate to that portion of the application and complete the field. Review the provided information, make the necessary correction(s), return to the **Certify and Submit** page, and select the **“Submit”** button.

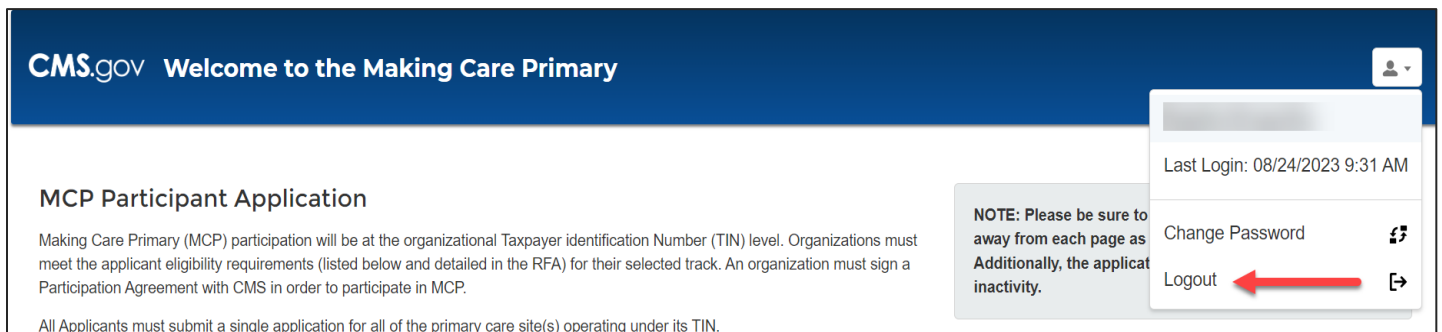
Figure 49: Application Checklist



6.6 Exiting the System

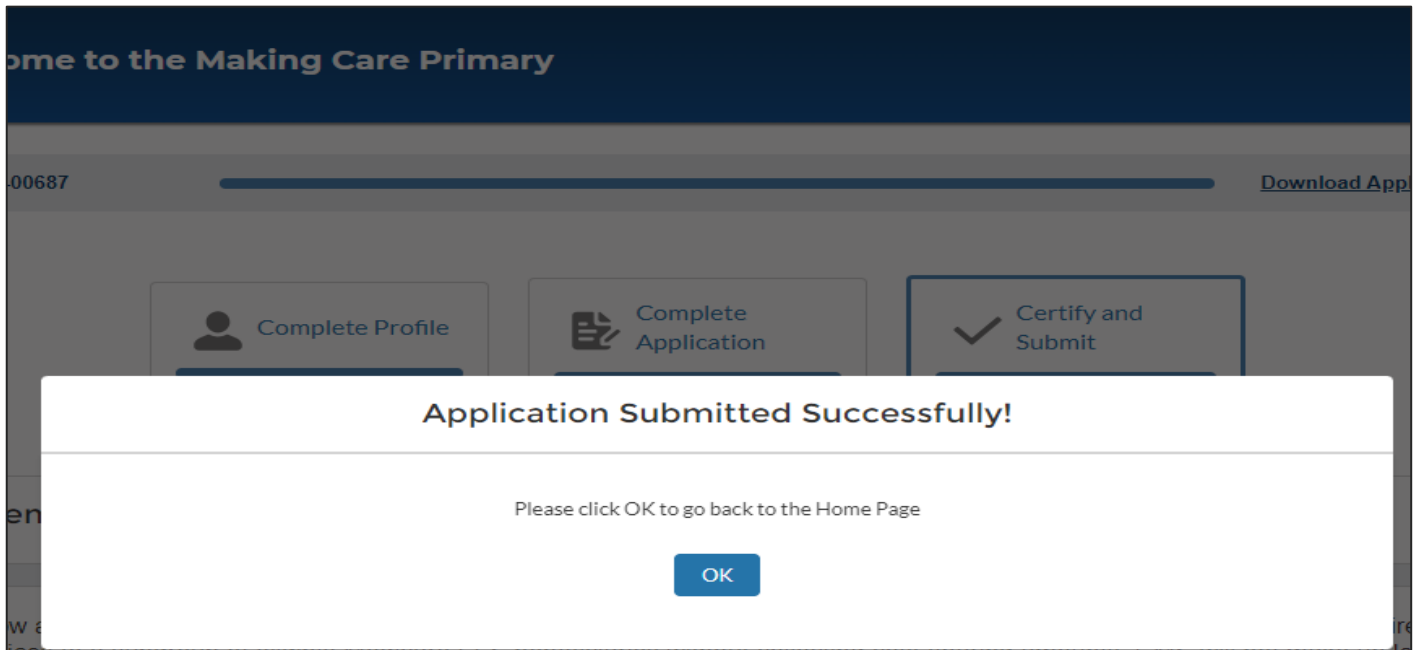
To log out of the MCP Application portal, select the **Profile Icon** in the top right corner. The drop-down menu displays. Select **“Logout”**. (See Figure 50)

Figure 50: Logout



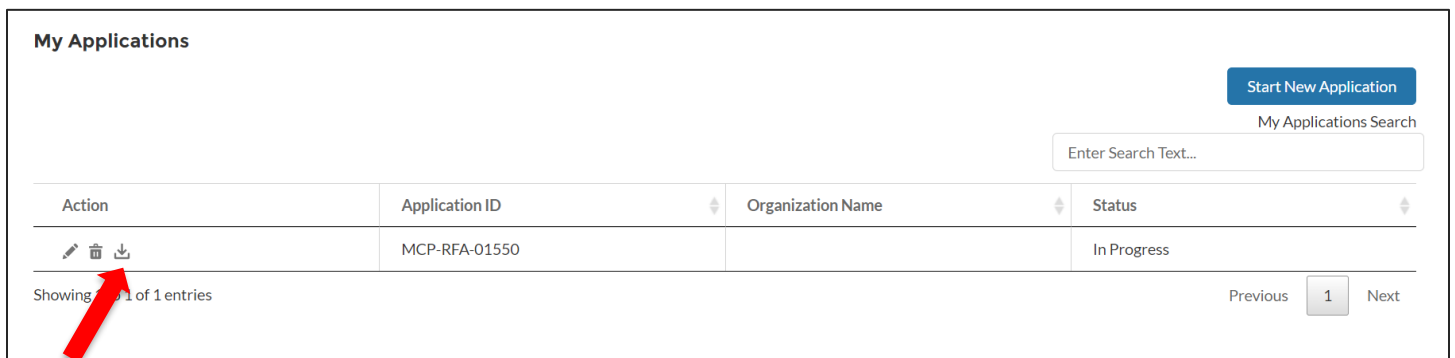
Select **OK** and you will be returned to the home page. (See Figure 51) You will see your submitted application displayed on the home page. **(Note: Once submitted, you cannot edit your application unless you receive a Request for Revision via email.)**

Figure 51: Application Submitted Successfully



Select the download button (indicated by the arrow under Action) if you would like to create a PDF of your submitted MCP Application. (See Figure 52)

Figure 52: My Applications (Submitted)



Appendix A: Acronyms

Table 1: Acronyms

Acronym	Literal Translation
CAH	Critical Access Hospital
CCN	CMS Certification Number
CMMI	Center for Medicare & Medicaid Innovation
CMS	Centers for Medicare & Medicaid Services
FQHC	Federally Qualified Health Centers
IDM	Identify Management
LOI	Letter of Intent
MCP	Making Care Primary
NPI	National Provider Identifier
RFA	Request for Application
TIN	Taxpayer Identification Number